EXHIBIT C

Charlett Chillies (Childes)			
UNITED STATES BANKRUPTCY COURT	Ds	TRICT OF <u>NEVADA</u>	PROOF OF CLAIM
Name of Deblor USA COMMERCIAL MORTGAGE Co.		Number 6-10725	
NOTE: This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative exp ly be filed	ense arising after the commencement pursuant to 11 U.S.C. § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property) GRA HAM FAMILY TRUST off 10/34/78	cise you givi	ck box if you are aware that anyone has filed a proof of claim relating to r claim. Attach copy of statement ng particulars	
Name and address where notices should be sent ROBERT C. LEPOME 10120 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-1271	note case Che addi	ck box if you have never received an ces from the bankruptcy court in the ck box if the address differs from the ress on the envelope sent to you by court.	5
Last four digits of account or other number by which creditor identifies debtor		ck here replaces is claim amends a previously f	iled claim dated
I Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes	ecure d 4	Retiree benefits as defined in Wages, salaries and comper Last four digits of your SS # Unpaid compensation for se from	sation (fill out below)
Other NEGLICENCE & FRAUD 2. Date debt was incurred JAN 1, 2005	3.	If court judgment, date obtain	
TO APRIL 12, 2006			
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 503,808 Check this box if a) there is no collateral or lien securing your by your claim exceeds the value of the property securing it, or if c) if only part of your claim is entitled to priority	r claum, or	Secured Claim Check this box if your claim	n is secured by collateral (including
Unsecured Priority Claim Check this box if you have an unsecured claim all or part of wentitled to priority	which is	☐ Real Estate ☐ Moto Value of Collateral \$ Amount of arrearage and other ch	or Vehicle Other————————————————————————————————————
Amount entitled to priority \$		secured claim, if any \$	
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) o		Up to \$2,225* of deposits toward g or services for personal, family, or § 507(a)(7)	
(a)(1)(B) Wages, salaries, or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U S C. § 507(a)(4) Contributions to an employee benefit plan - 11 U.S C. § 507(a)	n 180 ors □ *An	Taxes or penalties owed to government of their - Specify applicable paragraphounts are subject to adjustment on with respect to cases commenced or	oh of 11 USC § 507(a)() 4/1/07 and every 3 years thereafter
5 Total Amount of Claim at Time Case Filed	\$	503,808	503808
Check this box if claim includes interest or other charges in add interest or additional charges.	dition to th	(unscried) (secured) e principal amount of the claim. At	(priority) (Total) sach itemized statement of all
Credits: The amount of all payments on this claim has been making this proof of claim	credited a	and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents. Attach copies of supporting documents orders invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain if the documents are voluing. 8. Date-Stamped Copy. To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim.	acts, court TD ORIGII minous, at	judgments, mortgages, security NAL DOCUMENTS If the tach a summary	LED DEC 0 7 2006
Date Sign and print the name and title if any of the file this claim (attach copy of power of attor 1247/04 ROBERT C. LEPOME A	mey if any	" BAR# 1980	USACMO
KOBERT C. LETOME A	4774 F	OR CLAIMANT	USA CMC

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.

USA CMC 1072501541

Case 06-10725-gwz Doc 853 United States Bankruptcy Court District of Nevada	38-3 I	Entered 06/23/11 11:36:21	Page 3 of 11 PROOF OF CLAIM		
Name of Debtor Case Number			·		
USA Commercial Mortgage Company					
NOTE: This form should not be used to make a claim for an administra "request" for payment of an administrative expense may be filed pursua					
Name of Creditor (The person or other entity to whom the debtor owes money or property):					
Daniel R. Halseth & Sandra K Halseth Trustees of		k box if you are aware that anyone else has a proof of claim relating to your claim.			
the Halseth Family Trust Totally Restated 4/21/00 Name and address where notices should be sent:	Attac	th copy of statement giving particulars. k box if you have never received any notices			
Daniel Halseth	from	the bankruptcy court in this case.			
23 Molas Drive Durango, CO 81301	1	k box if the address differs from the address e envelope sent to you by the court.			
Telephone number: (970) 247 8471			THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor	Check he	a previously filed	claim, dated:		
identifies debtor (If SS# only list last four digits of SS#)	if this clai	m Lanenus			
1. Basis for Claim: Goods sold		ree benefits as defined in 11 U.S.C. § 1114(a)	- -		
Services performed		es, salaries, and compensation (fill out below) four digits of your SS#: XXX-XX	•		
Money loaned		aid compensation for services performed			
Personal injury/wrongful death Taxes	from		to		
☐ Other See Attached		(date)	(date)		
2. Date debt was incurred: See Attached	3. If c	ourt judgment, date obtained:			
4. Classification of Claim. Check the appropriate box		-	amount of the claim a		
at the time case filed. See reverse side for important exp	planations.	1	red by collateral (including a right of		
Unsecured Non Priority Claim. \$ <u>See Attached</u>		setoff) See Attached	ned by condicial (including a right of		
Check this box if: a) there is no collateral or lien securing your claim exceeds the value of the property securing it, or if c) no					
your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. See Attached See Attached Motor Value of Collateral: \$Unknown/					
Unsecured Priority Claim.		value of Collateral. SCHKHOWIII	To be determined		
Check this box if you have an unsecured priority claim, all or part of which			t time case filed included in secured		
is entitled to priority. Amount entitled to priority \$\ Amount entitled to priority \$\					
Specify the priority of the claim:		Up to \$2.225* of deposits toward purchase, lea			
Domestic support obligations under 11 U.S.C. § 507(a)(1) (A) or (a)(1	Up to \$2,225* of deposits toward purchase, lea family, or household use-11 U.S.C. § 507(a)(6)	se, or rental of property or services for personal,		
☐ Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's busin	necc	☐ Taxes or penalties owed to governmental units-	-11 U.S.C. § 507(a)(8).		
whichever is the earlier-11 U.S.C. § 507(a)(4).	ness,	Other-Specify applicable paragraph of 11 U.S.0	- '/'		
Contributions to an employee benefit plan-11 U.S.C. § 507(a)(5).		*Amounts are subject to adjustment on 4/1/07 an commenced on or after the date of adjustment.	nd every 3 years thereafter with respect to cases		
5. Total Amount of Claim at Time Case Filed:	\$ _	+ \$ \$+	\$ See Attached		
Check this box if claim includes interest or other charges in ad charges. See Attached.			cured Priority) (Total) d statement of all interest or additional		
Credits: The amount of all payments on this claim has been proof of claim.	credited and	d deducted for the purpose of making this	THIS SPACE IS FOR COURT USE ONLY		
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders,					
invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection in lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages. (See					
Reverse for Instructions). 8. Date-Stamped Copy: To receive an acknowledgment of the company of	FILED JAN 0 9 2007				
envelope and copy of this proof of claim. Research and/or co	py charges v	will apply for future copy requests of claims.			
Date Sign and print the name and file this claim (match a co	d title, if any	y, of the creditor or other person authorized to of Atomey, if any):	·		
/ ene					
Daniel Halseth ∪ Daniel R. Halseth & Sar	USA CMC				
Trust Totally Restated 4					
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.					

Case 06-10725-gwz Doc 8538-3 F	Intered 06/23/11 11:36:21 Page 4 of 11
	OOF OF CLAIM
Name of Debtor Case N	lumber
USA COMMERCIAL MORTERCE COMPANY	0-10725-LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of
Name of Creditor and Address 11321241000060 HERD FAMILY TRUST DATED 4/23/90 C/O ALLEN HERD AND MARILYN HERD TRUSTEES 598 ALAWA PL ANGELS CAMP CA 95222-9768	Statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the
Creditor Telephone Number (209 734 - 4974	court THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces or a previously filed claim dated amends
1 BASIS FOR CLAIM Retired	e benefits as defined in 11 U S C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death Wages Services performed Taxes Last for	s salaries and compensation (fill out below) Other claims against service (not for loan balances)
Money loaned ✓ Other (describe briefly) Unpaid SEE EXH:BIT A	d compensation for services performed from to(date)(date)
	COURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des See reverse side for important explanations	cribe your claim and state the amount of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$ LINE 4 EX A Check this box if a) there is no collateral or lien securing your claim or b) your claim	SECURED CLAIM Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim entitled to priority	
UNSECURED PRIORITY CLAIM	Real Estate Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral \$ UNKNOWN
Amount entitled to priority \$ Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim, if any \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family or household use -11 U S C § 507(a)(7) Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	Other - Specify applicable paragraph of 11 U S C § 507(a) ()
	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
AT TIME CASE FILED	
(unsecured)	(secured) (priority) (Total) al amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, running accounts contracts court judgments mortgages, security agreeme DOCUMENTS If the documents are not available explain. If the documents are not available explain of the filing of proof of claim.	such as promissory notes purchase orders invoices itemized statements of ents, and evidence of perfection of lien DO NOT SEND ORIGINAL ats are voluminous attach a summary
The original of this completed proof of claim form must be sent by mai	I or hand delivered (FAXES NOT THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporat governmental units)	ling Pacific time, on November 13, 2006 USE ONLY
Attn USACM Claims Docketing Center Attn US P O Box 911 1330 E	SACM Claims Docketing Center FILTU JAIN II 2007 ast Franklin Avenue
	ındo CA 90245
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of atterney if any	r or other person authorized to file USA CMC USA CMC
1/9/07 alpen Hend,	Tructee 1072502042

PR	OOF OF CLAIM
OBSTRICT OF CENTRAL	
Name of Debtor Case I	Number
1150	
100	-10725-LBR
NOTE See Reverse for List of Debtors and Case Numbers	
This form should not be used to make a claim for an administrative expense	Check box if you are
arising after the commencement of the case A request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	aware that anyone else has filed a proof of claim relating to
Name of Creditor and Address	your claim Attach copy of statement giving particulars
MARC M. INGMAN	Check box if you have never received any notices
1923 LA MESA DRIVE	from the bankruptcy court or BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT
SANTA MONICA CALIFORNIA	Check box if this address ONE OF THE DEBTORS
90402-2322	differs from the address on the If you have already filed a proof of claim with the
Creditor Telephone Number () 310 – 395 – 0437	envelope sent to you by the court THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces
	Check here or a previously filed claim dated
1 BASIS FOR CLAIM Retire	e benefits as defined in 11 U S C § 1114(a) Unremitted principal
Goods sold Personal injury/wronaful death	s salaries and compensation (fill out below)
Tours	our digits of your SS # (not for loan balances)
Money loaned Other (describe briefly) Unpai	d compensation for services performed from to
SEE EXHIBIT 19	(date) (date)
	COURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best de: See reversi side for important explanations	scribe your claim and state the amount of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$253,750.00	SECURED CLAIM Check this have if your plain is cooured by collectoral (including
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim	Check this box if your claim is secured by collateral (including a right of setoff)
entitled to priority	Brief description of collateral
UNSECURED PRIORITY CLAIM	Real Estate Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral \$2000000000000000000000000000000000000
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in secured claim if any \$ 3 7 5 0 000
Specify the priority of the claim	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
business whichever is earlier 11 U S C § 507(a)(4)	Other Specify applicable paragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 253,750.00\$ 253	
AT TIME CASE FILED (unsecured)	(secured) (priority) (Total)
Check this box if claim includes interest or other charges in addition to the principal charges in the principal char	pal amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited an	d deducted for the purpose of making this proof of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting documents.	such as promissory notes purchase orders invoices itemized statements of
running accounts contracts court judgments mortgages security agreem DOCUMENTS If the documents are not available explain. If the docume	ents and evidence of perfection of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of	
proof of claim	
The original of this completed proof of claim form must be sent by ma ACCEPTED) so that it is actually received on or before 5 00 pm, preva	il or hand delivered (FAXES NOT THIS SPACE FOR COURT ling Pacific time, on November 13, 2006 USE ONLY
for each person or entity (including individuals, partnerships, corpora	tions, joint ventures, trusts and
governmental units)	ND OR OVERNIGHT DELIVERY TO USA CMC
BMC Group BMC C	Group USACM Claims Decksting Conter
P O Box 911 1330 E	East Franklin Avenue
	undo CA 90245 FILED JAN 1 0 200"
DATE SIGN and print the name and title if any of the credite this claim (attach copy of power of attorney if all	
1/07/2007 / rough.	MARC M. INGMAN

UNITED STATES BANKRUPTCY COURT		ntered 06/23/11 11:	30.21 Pa	ge 6 of Tr
DISTRICT OF NEVADA	PK(OOF OF CLAIM		
2 mm 2 m			YOUR CL	AIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claim II	
	Case Number		Amount/Classifica	
USA Commercial Mortgage Company	06-107	725-LBR	\$11 538 46 Unse	
			1	
NOTE See Reverse for List of Debtors and Case Numbers			1842,140	36 Secured
This form should not be used to make a claim for an administrative examining after the commencement of the case. A request for payment	pense	Check box if you are aware that anyone else has	,	
administrative expense may be filed pursuant to 11 U S C § 503	oi an	filed a proof of claim relating	The amounts soft-	etod ahovo constituto vous eleem co
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		cted above constitute your claim as Debtor or pursuant to a filed claim. If
113212400	01113	Statement giving particulars	you agree with the	amounts set forth herein and have no the Debtor you do not need to file
JOYCE E SMITH TRUST DATED 11/3/99		Check box if you have		EXCEPT as stated below
C/O JOYCE E SMITH TRUSTEE 3080 RED SPRINGS DR		never received any notices from the bankruptcy court or	If the amounts sh	own above are listed as Contingent
LAS VEGAS NV 89135 1548		BMC Group in this case	Unliquidated or D	Isputed, a proof of claim must be
		Check box if this address	filed	and all lades are the first of the control of the c
		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (102) 240 - 8007	·	court		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	a El ronio		
		Check here repla	 a previously 	filed claim dated
1 BASIS FOR CLAIM	Betiron !	benefits as defined in 11 U S		Upremitted principal
Goods sold Personal injury/wrongful death			- ' '	
Services performed Taxes		salaries and compensation	(till out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		r digits of your SS #		•
	Unpaid (compensation for services pe	mormed from	to
2 DATE DEBT WAS INCURRED 11-21-13	3 15 0	OURT JUDGMENT, DATE O	DTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descri	be your claim and state the amoun	nt of the claim at the	e time case filed
The state of important explanations	_ = = C GGOOTII		or the olding at the	a simp dudy mod
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		and the national state of the state of
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property society and the securing the secur	our claim	i in-mi	our ciaim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ir claim is	a right of setoff)	aniinti	
UNSECURED PRIORITY CLAIM		Brief description of		П
Check this box if you have an unsecured claim all or part of which is		Real Estate		
entitled to priority 11 5 3 4 45		Value of Collateral	\$ 84.	2,14035
Amount entitled to priority \$ 11538.		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$ 842,	140.36
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits toward	ird purchase lease	or rental of properly or
Wages salaries or commissions (up to \$10 000)* earned within 180 days		services for personal family o	r household use 11	IUSC § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units 1	1 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para	.	•
		Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ // 538, 46 \$	840	140.36 \$	COS ON OF GREEF RIPE	\$ 853.678.°=
AT TIME CASE FILED (unsecured)	7	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	,	•	,,	
6 CREDITS The amount of all payments on this claim has been cre	dited and	deducted for the purpose of r	making this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security	<i>uments,</i> su	uch as promissory notes pur	chase orders inv	voices itemized statements of
DOCUMENTS If the documents are not available explain. If the	acreemen	its. And evidence of nertection	notken DDNK	JI SEND OHIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the	e filing of	your claim enclose a stampe	ed self addresse	d envelope and copy of this
proof of claim				and the second section of the second
The original of this completed proof of claim form must be ser	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5.00 pm	ı, prevaili	ng Pacific time, on Novemb	per 13, 2006	USE ONLY
for each person or entity (including individuals, partnerships, governmental units)	corporation	ons, joint ventures, trusts a	ind	TO DOT 94 AAAA
BY MAIL TO BMC Group		OR OVERNIGHT DELIVERY TO		FILED OCT 3 1 2006
Attn USACM Claims Docketing Center	BMC Gro	oup ACM Claims Docketing Cente	er	USACAG
P O Box 911	1330 Eas	st Franklin Avenue	-	USA CMC
El Segundo CA 90245 0911 DATE SIGN and point the name and title of account the		do CA 90245		1072500893
This claim (attach copy of nower of afform	e creditor or nev if anv)	other person authorized to file		
1/1-78-00 1/1-	50 h ang	But		
Lawring De Sans	1811	111111110		I

FORM B10 (Official Form 10) (10/05)	NEVADA		
UNI ED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA		PROOF OF CLAIM
Name of Debtor	Case Num	1	
USA COMMERCIAL MORTGAGE COMPANY	06-107		
NOTE This form should not be used to make a claim for an administrative case \ request for payment of an administrative expense may be filed g			
Name of Creditor (The person or other entity to whom the debtor owes money or property)	else has	ox if you are aware that anyone filed a proof of claim relating	
ROBERT J AND RUTH ANN KEHL		claim Attach copy of statement particulars	
Name & address where notices should be sent	☐ Check l	oox if you have never received	
JANET L CHUBB, ESQ	1	ices from the bankruptcy court	
JONES VARGAS P O BOX 281	in this c	ease box if the address differs from	
RENC, NV 89504-0281		ess on the envelope sent to you	!
Telephone number 775-786-5000	by the		THIS SPACE FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor 500953 5	Check here if this claim	e □ replaces n □ amends a previously filed o	claim, dated
1 BASIS FOR CLAIM	CJ R	etiree benefits as defined in 11 U	JSC § 1114(a)
□ Goods sold		ages, salaries, and compensation	(fill out below)
□ Services performed		ast four digits of your SS#	
Money loaned	Į	Inpaid compensation for services	s performed from
☐ Personal injury/wrongful death ☐ Faxes	f	rom to	
Other <u>DEBTOR'S BREACHES</u> (see adversary complant)	nt)	rom toto	(date)
2 Date debt was incurred	3 If e	ourt judgment, date obtained	
2003-2005			
4 Classification of Claim. Check the appropriate box or boxes filed See reverse side for important explanations		Secured Claim	ount of the claim at the time case
Unsecured Nonpriority Claim \$ 12,841,580 13 + accrued inter		Check this box if your cla	ım ıs secured by collateral
postpetition payments received		(including a right of se	•
 Check this box if a) there is no collateral or lien securing yo your claim exceeds the value of the property securing it, or if of 		Brief description of colla	
only part of your claim is entitled to priority		☐ Real Estate ☐ Motor Value of Collateral \$	r Vehicle 🗆 Other
The second Burnester Charter		Amount of arrearage and othe	
Unsecured Priority Claim ☐ Check this box if you have an unsecured claim, all or part of entitled to priority	which is	included in secured claim, if a	
Amount entitled to priority \$			
Specify he priority of the claim	ច ប្ត	p to \$2 225* of deposits toward poperty or services for personal,	ourchase, lease or rental of
☐ Domestic support obligations un 11 U S C § 507(a)(1)(A) or (a)(1)(B) Մ	S C § 507(a)(7) xes or penalties owed to government	
☐ Wages, salaries, or commissions (up to \$10,000),* earned with 180 days before filing of the bankruptcy petition, or cessation of debtor's pusiness whichever is earlier- 11 U S C \$ 507(a)(4)	hin 50 the	77(a)(8)	raph of 11 USC § 507(a) ()
☐ Contributions to an employee benefit plan - 11 U S C § 507(a)	a)(4) *Amo	ounts are subject to adjustment on 4/, with respect to cases commenced on	1/98 and every? years thereafter
The state of the s	41,680 13 +/-		\$
•	nsecured)	, ,	ority) (Total)
☐ Check this box if claim includes interest or other charges in a interest or additional charges			
6 Credits The amount of all payments on this claim has been contains proof claim. SEE ABOVE	realied and di	concide for the purpose of making	*B
7 Supporting documents Attach copies of supporting document			
myorces itemized statements of running accounts, contracts, courand evidence of perfection of lien DO NOTSEND ORIGINAL I			USA CMC
and evidence of perfection of them DO NOTSEND ORIGINAL is available, explain. If the documents are voluminous, attach a sun		5 It the documents are not	
8 Date-Stamped copy To receive an acknowledgment of the fil		laim, enclose a stamped, self-	1072501660
addressed envelope and a copy of this proof of claim.	madatan	or narray as the modern of the Cl. of	
Date Sign and print the name and title, if any, of the claim (attach copy of power of attorney, if any)	ereastor or oth	ier person authorized to tile this	
	UBB, ESQ	ATTORNEY FOR CLAIMAN	Г

UNITED STATES BANKRUPTCY COURT	DDC	OF OF CLAIM	<u> </u>	
DISTRICT OF NEVADA	FRC	DOF OF CLAIM		
Name of Debtor	Case Number			
USA Commercial Mortgage Company	06-1	0725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address		statement giving particulars		
First Savings Bank Custodian for	•	Check box if you have		
L. Earle Romak IRA		never received any notices from the bankruptcy court or	DO NOT EN E THI	S PROOF OF CLAIM FOR A
PO BOX 6185		BMC Group in this case	SECURED INTER	EST IN A BORROWER THAT IS NOT
Incline Village, NV 89450		Check box if this address differs from the address on the envelope sent to you by the		ITORS ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number () 775-831-3371		court.	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies 1509 1233	debtor	Check here repla	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death		salanes and compensation (•	Other claims against servicer
Services performed Taxes		r digits of your SS#		(not for loan balances)
Money loaned Z Other (describe briefly) See attached	Unpaid	compensation for services pe	erformed from	(date) to
2 DATE DEBT WAS INCURRED 3-1-2064	3 IF C	OURT JUDGMENT, DATE (DBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the See reverse side for important explanations	at best desc	nbe your claim and state the amo	ount of the claim at the	ne time case filed
UNSECURED NONPRIORITY CLAIM \$ 1,000,000 - 00		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) your claim		our claim is secur	ed by collateral (including
exceeds the value of the property securing it, or if c) none or only part of y entitled to priority	our claim is	1	e a stata a a l	
UNSECURED PRIORITY CLAIM		Brief description o	_	Пан
Check this box if you have an unsecured claim all or part of which is		X Real Estate		
entitled to priority		Value of Collatera	\$ Unkn	own
Amount entitled to priority \$		Amount of arrearage a secured claim if any	and other charges	at time case filed included in
Specify the pnority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_	_		
Wages salaries or commissions (up to \$10 000)* earned within 180 day	L.,	Up to \$2 225° of deposits tow services for personal family		
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to g	overnmental units - 1	11 USC § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable pa	ragraph of 11 USC	§ 507(a) ()
2 contained and all outhors and posteric pearls 11 0 0 0 4 contained		* Amounts are subject to adju with respect to cases comme		
5. TOTAL AMOUNT OF CLAIM \$ 1,000,000.00 \$	1,00	000.00 \$		\$ 1,000,000.00
AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to		(secured) al amount of the claim Attach it	(priority) emized statement o	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts contracts court judgments mortgages security	<i>cuments</i> , s agreemer	such as promissory notes purits and evidence of perfection	rchase orders inv n of lien DO NO	oices itemized statements of
DOCUMENTS If the documents are not available, explain If the 8 DATE-STAMPED COPY To receive an acknowledgment of t proof of claim				envelope and copy of this
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 proof or each person or entity (including individuals, partnerships,	m, prevail	ing Pacific time, on Novemi	ber 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units)	-	•		A 188
BY MAIL TO BMC Group	BMC Gr		·o	LAN 1 3 2007
Attn USACM Claims Docketing Center P O Box 911		SAČM Claims Docketing Cent ist Franklin Avenue	ter FILED	JAN 1 3 2007
El Segundo CA 90245-0911		ndo CA 90245	,	USA CMC
DATE SIGN and pent the name and title if any of this claim (attachpcopy of power of attr	the creditor	or other person authorized to file		
1-12-07 Juan (18		en T. Nelson	Attorness	1072502326

Case 00-10725-0WZ DOC 8538-		OOF OF CLAIM	36:21 Page 9:01 11
DISTRICT OF NEVADA	PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claim ID s31979
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classification
don't commercial mortgage company	55 /5.		\$4 659 87 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A request for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If
LORA AND LOYAL CROWNOVER FAMILY TRUST C/O LOYAL CROWNOVER TRUSTEE 2213 PLAZA DEL PUERTO LAS VEGAS NV 89102 4045	01231	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the	you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed If you have already filed a proof of claim with the
		envelope sent to you by the	Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies	dobtor	court	THIS SPACE IS FOR COURT USE ONLY
6255, 6254	depto:	Check here	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree l	penefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal ınjury/wrongful death Services performed Taxes	Wages	salaries and compensation	(fill out below) Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS #	<u> </u>
——————————————————————————————————————	Unpaid o	compensation for services pe	erformed from to(date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descrit	pe your claim and state the amou	nt of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) y		776	our claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ir claim is	a right of setoff) Brief description of	f collateral
UNSECURED PRIORITY CLAIM		` ·	Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	
Amount entitled to priority \$		Amount of arrearage a	nd other charges at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_		\$
Wages salaries or commissions (up to \$10 000)* earned within 180 days	L	Up to \$2 225* of deposits towal services for personal family o	ard purchase lease or rental of property or or household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 USC § 507(a)(4)		-	vernmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L		agraph of 11 U S C § 507(a) ()
		with respect to cases commen	stment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$	1	0,000 \$	\$ 1,200,000
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	secured) amount of the claim Attach ite	(priority) (Total) emized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the co 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	<i>ıments</i> , su agreemen documents	ich as promissory notes, pur ts and evidence of perfection are voluminous attach a su	chase orders invoices itemized statements of n of lien DO NOT SEND ORIGINAL immary
The original of this completed proof of claim form must be sen	t by mail	or hand delivered (FAYES	NOT THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, of governmental units)	i, prevailii corporatio	ng Pacific time, on Novembons, joint ventures, trusts a	per 13, 2006 USE ONLY and
BY MAIL TO BMC Group BMC Group BMC Group			
Attn USACM Claims Docketing Center P O Box 911		CM Claims Docketing Cente t Franklin Avenue	" FILED OCT 2 0 2006
	2245 0911 El Segundo CA 90245		
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorney)	creditor or ey if any)	other person authorized to file	USA CMC
To low	inn	re	1072500687

Caso 06-10/25-0WZ Doc 952	(¥3 	tered ()6/23/11-11-3	1 6 21 Pa n	je 10 of 11
- Annieth Charles	PRO	OF OF CLAIM	0.22 r ag	0 10 0 11
Name of Debtor	Case Nu	mber		
12 F Commercial Mortgoge	06	10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative earising after the commencement of the case. A "request" for payme administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		
Name of Creditor and Address LOUGHLIN FAMILY TRUST C/O RICHARD J LOUGHLIN & ROBERTA L LOUGHLIN TRUSTEES 50 GREENBRIAR CIR NAPA CA 94558-1587	484	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTER ONE OF THE DE If you have air Bankruptcy Court	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS ready filed a proof of claim with the tor BMC you do not need to file again SE IS FOR COURT USE ONLY
Creditor Telephone Number () Last four digits of account or other number by which creditor identifie	es debtor			E IS FOR COURT USE ONLY
	00 000101	Check here replace or if this claim arner	a previously	y filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salanes and compensation (fill out below)	Other claims against servicei (not for loan balances)
☐ Services performed ☐ Taxes ☐ Other (describe bnefly)		r digits of your SS #		(not for four balances)
Cities (describe briefly)	Unpaid (compensation for services pe	nomea from	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(uate)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes	that best descr	ibe your claim and state the amo	unt of the claim at	the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or exceeds the value of the property securing it or if c) none or only part or		а nght of setoff)		red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	e
entitled to priority		Value of Collateral	\$ 71	nknown
Amount entitled to priority \$			_	at time case filed included in
Specify the priority of the claim	s, _	secured claim if any	\$	······································
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(E	_	Up to \$2 225* of deposits towa services for personal family of		
Wages salaries or commissions (up to \$10 000)* earned within 180 dibefore filing of the bankruptcy petition or cessation of the debtor's	lays [Taxes or penalties owed to go		• (,,,,
business whichever is earlier 11 U S C § 507(a)(4)		Other Specify applicable part	agraph of 11 U S C	§ 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$	\$ /. //	16 460 \$	ioda on or anar the	\$ 1,116,400
AT TIME CASE FILED (unsecured)	(:	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to	to the principal	amount of the claim. Attach ite	mized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been of SUPPORTING DOCUMENTS Attach copies of supporting of running accounts contracts court judgments, mortgages securi DOCUMENTS If the documents are not available explain. If the DATE-STAMPED COPY To receive an acknowledgment of proof of claim	<i>locuments,</i> so ity agreement ne documents	uch as promissory notes pure is, and evidence of perfection are voluminous, attach a sur	chase orders inv of lien DO NO mmary	voices itemized statements of OT SEND ORIGINAL
The original of this completed proof of claim form must be a ACCEPTED) so that it is actually received on or before 5 00 for each person or entity (including individuals, partnerships	pm, prevailir	ng Pacific time, on Novembe	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO		OR OVERNIGHT DELIVERY TO		NOV 0 6 2008
BMC Group Attn USACM Claims Docketing Center	BMC Gro Attn USA	up \CM Claims Docketing Cente	FILED	n 10 #
P O Box 911 El Segundo CA 90245-0911	1330 Eas	t Franklin Avenue		
DATE SIGN and print the name and title if any o		do CA 90245 r other person authorized to file		USA CMC
the sclaim (attach copy of power of at	ttomey If any)			1072501035

538 Doc 8538	PRC	OF OF CLAIM	вь:21 Рад	e 11 0 11
in California del modernia del constanti del	0 1			
Name of Debtor	Case Number			
USA Commercial Mortgage Company	06-107	'25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ONLY	OWED MONEY BY A BORROWER
Name of Creditor and Address		to your claim Attach copy of	WHOSE LOAN IS	BEING SERVICED BY THE
Loughlin Family Trust		statement giving particulars	OF CLAIM THIS I	O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
50 Greenbriar Cir.		Check box if you have never received any notices	BORROWER HELI	D IN THE COLLECTION ACCOUNT
Napa, CA 94558-1587		from the bankruptcy court or		S PROOF OF CLAIM FOR A
		BMC Group in this case	ONE OF THE DEB	EST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the	If you have aire	ady filed a proof of claim with the
		envelope sent to you by the court		or BMC you do not need to file again
Creditor Telephone Number (70 y 251 – 9941	Johan	Court	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	deptor	Check here replain or amer	 a previously 	fileo claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages, s	salaries, and compensation (fill out below)	Other claims against servicer
Services performed Taxes	8	digits of your SS #		(not for loan balances)
Money loaned Other (describe briefly) Funds diverted	Unpaid o	compensation for services pe	rformed from	(date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE (DBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descr	be your claim and state the amo	ount of the claim at th	ne time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 27,000 est.		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	- Land	our claim is secur	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	our claim is	a right of setoff)	f a allatavat	
UNSECURED PRIORITY CLAIM		Brief description o	_	□ ~::
Check this box if you have an unsecured claim all or part of which is		Real Estate		Other
entitled to priority		Value of Collatera		
Amount entitled to priority \$		Amount of arrearage a secured claim if any	ind other charges \$	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	_		
Wages salanes or commissions (up to \$10 000)* earned within 180 days	<u> </u>	Up to \$2 225* of deposits tow services for personal family		
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to g	overnmental units	11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable pa		
Continuations to an employee benefit plan - 11 0 3 C § 307 (a)(3)		* Amounts are subject to adju with respect to cases comme	ustment on 4/1/07 ar enced on or after the	nd every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 27,000 est. \$		\$		\$ 27,000 est.
AT TIME CASE FILED (unsecured)	(secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	the principa	amount of the claim Attach it	emized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre		, ,		
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts, contracts court judgments, mortgages, security	<i>uments,</i> s agreemen	uch as promissory notes, pu its and evidence of perfectio	rchase orders, inv on of lien DO NO	oces itemized statements of T SEND ORIGINAL
DOCUMENTS If the documents are not available explain If the	document	s are voluminous, attach a si	ummary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				d envelope and copy of this
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governmental units)	•			FII FD DEC 0 6 2006
BY MAIL TO BMC Group	BMC Gr	•		LILED DEO O O 5000
Attn USACM Claims Docketing Center P O Box 911		ACM Claims Docketing Cen ist Franklin Avenue	ter	
El Segundo CA 90245-0911		ndo CA 90245		USA CMC
DATE SIGN and print the name and title if any of this claim (attagh copy of power of atto	the creditor	or other person authorized to file	9	
12 U Ob	entry it ally	,		1072501549